

Network Staffing Resources

Employee Direct Deposit Authorization Agreement

ACH CREDIT & DEBITS

New Payroll Deposit

Change Deposit Information

Revoke Authorization

DATE:

NAME:	SSN:
EMPLOYER:	ID:

I AUTHORIZE NETWORK STAFFING OR PAYROLL PROCESSOR ON MY EMPLOYER'S BEHALF TO DEPOSIT ANY AMOUNTS OWED ME BY INITIATING CREDIT ENTRIES TO MY ACCOUNT AT THE FINANCIAL INSTITUTION (THE "BANK") INDICATED BELOW. FURTHER, I AUTHORIZE BANK TO ACCEPT AND CREDIT ENTRIES INDICIATED BY COMPANY TO MY { } **CHECKING** { } **SAVINGS ACCOUNT (SELECT ONE)**. I ACKNOWLEDGE THE DEPOSIT OF ANY AMOUNT IS AN ADVANCE OF FUNDS ON BEHLAF OF MY EMPLOYER AND THE RESPONSIBILITY OF MY EMPLOYER AND NOT THAT OF A PAYROLL PROCESSOR, IF ANY, AND IS SUBJECT TO THE SUCCESSFUL COLLECTION OF THE FUNDS BY THE PROCESSOR FROM MY EMPLOYER'S ACCOUNT. IF MY EMPLOYER DOES NOT MAKE AVAILABLE TO THE PROCESSOR THE FUNDS THAT WERE ADVACNED TO MAKE THE DEPOSIT INTO MY ACCOUNT I AUTHORIZE THE PROCESSOR TO DEBIT MY ACCOUNT TO RECOVER SAID ADVANCE. I AGREE TO HOLD THE PROCESSOR HARMLESS FROM LOSS AND TO INDEMNIFY IT, LIMITED TO THE AMOUNT OF THE DEPOSIT. I ALSO AUTHORIZE MY EMPLOYER OR THE PROCESSOR, IF ANY, TO DEBIT MY ACCOUNT IN THE EVENT OF A CREDIT, WHICH SHOULD NOT HAVE BEEN MADE FOR AN AMOUNT NOT TO EXCEEDS THE ORGINIAL AMOUNT OF THE ERRONEOUS CREDIT.

COMPLETE SECTION 1 AND/OR SECTION 2

SECTION 1 – CHECKING ACCOUNT

BANK NAME:

CITY:

STATE:

TO DEPOSIT \$ _____ .00 OR _____ ENTIRE NET PAY

TRANSIT/ABA NUMBER: _____ ACCOUNT NUMBER: _____

ATTACH VOIDED CHECK HERE

SECTION 2 – SAVINGS ACCOUNT

BANK NAME:

CITY:

STATE:

TO DEPOSIT \$ _____ .00 OR _____ ENTIRE NET PAY

SAVINGS BANK/ROUTING OR TRANSIT NUMBER: _____ (This must be 9 digits)

EMPLOYEE SAVINGS ACCOUNT NUMBER: _____

The authority shall remain in full force until Network Staffing has received written notification from me of its termination in such time and in such manner as to afford Network Staffing and the bank a reasonable opportunity to act upon the termination request.

EMPLOYEE SIGNATURE:

DATE:

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.
